

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Land Management Administration • Waste Diversion and Utilization Program
 1800 Washington Boulevard • Suite 610 • Baltimore, Maryland 21230-1719
 410-537-3314 • 800-633-6101 x3314 • <http://www.mde.state.md.us>

Sewage Sludge Analysis Report

1. Name & Physical Address of the Facility: _____ _____					County: _____ _____	
2. Sampling Date: _____			3. Sewage Sludge Treatment: <input type="checkbox"/> PFRP <input type="checkbox"/> PSRP <input type="checkbox"/> N/A			
4. Analysis Results (Must Attach a Copy of Laboratory Report)						
Constituents Analyzed		Sample Type			Detection Limit	*** Units
		Grab <input type="checkbox"/>	<input type="checkbox"/> 8-hr	<input type="checkbox"/> 24-hr		
pH						
Solids content						%
Total kjeldahl nitrogen TKN						%
Ammonium nitrogen NH ₄						%
Total phosphorus TP						mg/kg
Total potassium TK						mg/kg
Nitrate nitrogen NO ₃						mg/kg
Total cadmium Cd						mg/kg
Total copper Cu						mg/kg
Total nickel Ni						mg/kg
Total lead Pb						mg/kg
Total zinc Zn						mg/kg
Total mercury Hg						mg/kg
*Total arsenic As						mg/kg
*Total molybdenum Mo						mg/kg
*Total selenium Se						mg/kg
Polychlorinated Biphenyls PCBs						mg/kg
**Calcium Carbonate Equivt. CaCO ₃						%
* Optional ** Lime Amended Sewage Sludge *** Please use exact units						
5. *Are Constituents Within Class I Concentration? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, include a discussion or explanation.) *Cadmium at 25, Copper at 1000, Mercury at 10, Nickel at 200, Lead at 1000, Zinc at 2500, and PCBs at 10. (parts per million or mg/kg)						
6. Sample Medium: <input type="checkbox"/> Liquid <input type="checkbox"/> Cake <input type="checkbox"/> Dried <input type="checkbox"/> Particulate <input type="checkbox"/> Pellets <input type="checkbox"/> Other (Describe): _____				7. Treatment Method: <input type="checkbox"/> Raw-Unstabilized <input type="checkbox"/> Aerobically Digested <input type="checkbox"/> Anaerobically Digested <input type="checkbox"/> Lime Stabilized <input type="checkbox"/> Composted <input type="checkbox"/> Heat Dried <input type="checkbox"/> Other (Describe): _____		
Comments: _____						

TESTING FREQUENCY										
Utilization Category	A Includes Utilization Methods in Categories C and D	B Land Application and Distribution						C Disposal or Transportation		D Incineration
Plant Capacity (MGD)	<0.05	0.00-.999	1.0 - 4.99	5.0 - 9.99	10.0-49.9	50.0-99.9	≥ 100.0	0.05-4.99	≥ 5.0	
All Parameters Except PCBs	Once Every 3 Years	Once per Year	Every 6 Months	Once per Month	Every 2 Weeks	Once a Week	Daily	Once per Year	Every 6 Months	Once per Year
PCBs	Once Every 3 Years	Once per Year	Once per Year	Every 6 Months	Once per Month	Once per Month	Once per Month	Once per Year	Once per Year	Once per Year

REPORTING SCHEDULE			
WWTP Design Flow:	Avg. Daily Flow:	Peak Flow:	mgd.
Sampling Frequency Required (Check a box)		Submittal Deadline	
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Every 6 months <input type="checkbox"/> Once per year <input type="checkbox"/> Once per three years <input type="checkbox"/> Other sampling frequency approved by the Department		<input type="checkbox"/> At end of each month <input type="checkbox"/> March 1 and August 31 <input type="checkbox"/> June 1 of each year <input type="checkbox"/> June 1 of the sampling year <input type="checkbox"/> June 1 of the sampling year	
Report Due Date: <input type="checkbox"/> March 1 <input type="checkbox"/> August 31 <input type="checkbox"/> June 1 Is Plant in Operation? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Certification: As an authorized representative of the named sewage sludge generator, I certify that the information provided in this report is correct and complete to the best of my knowledge.	
Name: _____	Title: _____
Signature: _____	Phone: _____
Email: _____	Date: _____